

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2535

FILED FEB 6 1951

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 827	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OWN 3123 NEW ASHLAND AVE 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL				d. STREET ADDRESS (If rural, give location) ST. LOUIS, MO			
3. NAME OF DECEASED (Type or Print) WIENOLD		a. (First)		b. (Middle) FRONING		c. (Last)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		4. DATE OF DEATH (Month) (Day) (Year) JAN 24 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LITHOGRAPHER		10b. KIND OF BUSINESS OR INDUSTRY PRINTING		8. DATE OF BIRTH OCT. 1, 1875		9. AGE (In years last birthday) Months Days 75	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME J. WIENOLD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY A. FRONING 3123 NEW ASHLAND AVE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-10-3718		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY A. FRONING, WIFE 3123 NEW ASHLAND			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute upper Respiratory infection</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 243X			
22. I hereby certify that I attended the deceased from <u>Jan 14, 1951</u> , to <u>Jan 24, 1951</u> , that I last saw the deceased alive on <u>Jan 23, 1951</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE EDWARD N. SNYDER (Degree or title) <i>Resident Medical Officer</i>				23b. ADDRESS 705 - Olive St		23c. DATE SIGNED 1-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 27, 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL JAN 26 1951		REGISTRAR'S SIGNATURE <i>J B Linton</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLIVAN FUNERALDIE 2849 N EUCLID			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.